

**Form 6: Graduation Form**



**T.C.**  
**HALIÇ UNIVERSITY**  
**FACULTY OF BUSINESS ADMINISTRATION**  
**Department of .....**

00.00.2020

**ID No.** :  
**Name-Surname** :  
**Date of Birth** :  
**Department** :  
**Graduation Average** :

**TO WHOM IT MAY CONCERN**

..... whose information is given above has taken and successfully completed all the courses in our 4-year curriculum.

This document was prepared upon the student's request as the temporary graduation certificate has not been prepared yet.

Head of the Department

\* Please get in contact with the Faculty Secretary, if confirmation is needed for the information provided above.